

(X3) DATE SURVEY
COMPLETED

B. WING

07/14/2010

80 JUSTICE ST

CROSSVILLE, TN 38555

(X5)
COMPLETION
DATE

F 000

F 315 | F315

1) What corrective action will be Accomplished for those residents found to have been affected By the deficient practice?

The Director of Nursing (DON) educated Two C.N.A.'s who cared for resident #7 on 7/12/10 on the facility Personal Hygiene Care for the Female Resident Policy and Procedure on 7/28/10.

7/28/10

Based on medical record review, observation, review of facility policy, and interview, the facility failed to provide incontinence care in a sanitary manner for one resident (#7) of twenty-six residents reviewed.

The findings included:

Resident #7 was re-admitted to the facility on May 21, 2010, with diagnoses including Sepsis due to a Urinary Tract Infection (UTI), History of Pneumonia, Adult Failure To Thrive, and Alzheimer's Dementia.

2) How will you identify other residents Having the potential to be affected by the same deficient practice?

The RN Staff Development Coordinator,
(2) RN Unit Managers, Director of Nursing,
And (2) LPN's educated facility C.N.A's
On the facility Personal Hygiene Care
For the Female Resident Policy and
Procedure on 7/28/10, 7/29/10, and 7/30/10.
The RN Staff Development Coordinator
completed an audit on 7/28/10 of the Pericare
and Handwashing Practices completed by (3)
C.N.A's on 7/28/10. The C.N.A's observed
Completed Personal Hygiene Care for the
residents according to facility policy.

7/30/10

TITLE

(XB) DATE

Executive Director

7/29/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES
STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

445167

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____

B. WING _____

(X3) DATE SURVEY
COMPLETED

07/14/2010

NAME OF PROVIDER OR SUPPLIER

LIFE CARE CENTER OF CROSSVILLE

STREET ADDRESS, CITY, STATE, ZIP CODE

80 JUSTICE ST

CROSSVILLE, TN 38555

(X4) ID
PREFIX
TAGSUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)ID
PREFIX
TAGPROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)(X5)
COMPLETION
DATE

F 315

Continued From page 1

Medical record review of the Minimum Data Set dated July 9, 2010, revealed the resident had impaired short and long term memory, required total assistance with all activities of daily living, had an indwelling catheter (tube to empty the bladder of urine), and was bedfast.

Medical record review of a physician's order dated July 12, 2010, revealed "1. Cefitin (antibiotic) 250 mg (milligrams) via tube BID (two times a day) X (times) 7 days UTI (Urinary Tract Infection)..."

Observation on July 13, 2010, at 2:00 p.m., in the resident's room, revealed Certified Nurse Assistant (CNA) #1 provided incontinence care for the resident, after the resident was incontinent of bowel. Continued observation revealed the resident lying in bed, positioned to the right side and CNA #1 (with a wet washcloth with water and soap) washed the resident's anal area (with the bowel movement), and without washing the hands or changing the gloves, repositioned the resident on the back; used another washcloth wet with soap and water, washed the resident's vaginal/labia area from the rectum to the pubis using a back to front motion, contaminating the vaginal/labia and catheter area three times. Continued observation of the resident's urine in the catheter tubing revealed the urine was cloudy.

Review of the facility's Personal Hygiene Care for the Female Resident revealed "...Always proceed from the least contaminated area to the most contaminated area...Separate labia and wash urethral area first wiping downward from the front to the back. Note: If the resident has an indwelling catheter, gently wash the juncture of the tubing from the urethra down the catheter

F 315

3) What measures will be put into place or What systematic changes will you make to ensure that the deficient practice will not recur?

The RN Staff Development Coordinator will Complete a monthly Pericare and Handwashing Audit of 3 residents residing on each wing of The facility and submit the results of this Audit to the QA committee. Education of C.N.A staff will be conducted at the completion Of the on site audit.

4) How will the corrective action be Accomplished for those residents found to have been affected by Deficient practice?

The Director of Nursing will present The findings of the Pericare and Handwashing Audit to the Quality Assurance Committee monthly for three consecutive months. The Quality Assurance Committee consisting of The Executive Director, Director of Nursing, Medical Director, Pharmacist, Business Office Manager, Staff Development Coordinator, Director of Medical Records, Director of Environmental Services, Director of Maintenance, Director of Social Services, Director of Admissions, Director of Rehab Services, Director of Activities, Director of Food and Nutrition Services, and Director Of Marketing will review the findings and Make recommendations and develop Plans of action if any areas are noted to Be non-compliant.

7/28/10

7/28/10

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 CENTERS FOR MEDICARE & MEDICAID SERVICES
STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA
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445167

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____

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NAME OF PROVIDER OR SUPPLIER

LIFE CARE CENTER OF CROSSVILLE

STREET ADDRESS, CITY, STATE, ZIP CODE

80 JUSTICE ST

CROSSVILLE, TN 38555

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 315	Continued From page 2 about 3 inches. Gently rinse and dry the area...Wash the rectal area thoroughly, wiping from the base of the labia and extending over the buttocks..." Interview with CNA #1 on July 13, 2010, at 2:05 p.m., confirmed the resident's vagina was washed from the anal area to the pubis using a back to front motion, contaminating the vaginal/labia area, and did not wash the catheter tubing. Interview on July 14, 2010, at 10:35 a.m., with the Nurse Practitioner at the West nurse's desk confirmed the resident was currently being treated with antibiotics for a UTI, and had been hospitalized in May 2010, with diagnosis of Sepsis (presence of bacteria in the blood) from an UTI.	F 315		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program	F 441	F441 1) What corrective action will be Accomplished for those residents found to have been effected By the deficient practice? The Director of Nursing (DON) educated Two C.N.A's who cared for resident #7 on 7/12/10 on the facility Hand Hygiene And Glove Use Policy and Procedure on 7/28/10.	7/28/10

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F 441	<p>Continued From page 3</p> <p>determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to prevent the spread of infection for one resident (#7) of twenty-six residents reviewed.</p> <p>The findings included:</p> <p>Resident #7 was re-admitted to the facility on May 21, 2010, with diagnoses including Sepsis due to a Urinary Tract Infection, History of Pneumonia, Adult Failure To Thrive, and Alzheimer's Dementia.</p> <p>Medical record review of the Minimum Data Set dated July 9, 2010, revealed the resident had impaired short and long term memory, required total assistance with all activities of daily living, and was bedfast.</p>	F 441	<p>2) How will you identify other residents Having the potential to be affected by the same deficient practice?</p> <p>The RN Staff Development Coordinator, (2) RN Unit Managers, Director of Nursing, And (2) LPN's educated facility C.N.A's On the facility Hand Hygiene and Glove Use Policy and Procedure on 7/28/10, 7/29/10, and 7/30/10. The RN Staff Development Coordinator completed an Audit on 7/28/10 of the Hand Hygiene and Glove Use practices completed by (3) C.N.A's on 7/28/10. The C.N.A's observed, Completed Hand Hygiene and Glove Use practices according to facility policy.</p> <p>3) What measures will be put into place or What systematic changes will you make to ensure that the deficient practice will not recur?</p> <p>The RN Staff Development Coordinator will Complete a monthly Hand Hygiene and Glove Use Audit of 3 residents residing on each wing of the facility and submit the results of this audit to the QA committee. Education of C.N.A staff will be conducted at the completion of the on site audit.</p>	<p>7/29/10</p> <p>7/30/10</p>

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445167	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/14/2010
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF CROSSVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 80 JUSTICE ST CROSSVILLE, TN 38555		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 441	Continued From page 4 Observation on July 13, 2010, at 9:05 a.m., in the resident's room revealed Certified Nurse Assistant (CNA) #1 assisted the Licensed Practical Nurse (LPN) treatment nurse with positioning the resident during the treatment for wounds on the resident's feet. Continued observation revealed CNA #1 held the resident's legs (open wounds) adjusted the covers, and without washing the hands or changing the gloves adjusted the resident's oxygen mask six times. Observation on July 13, 2010, at 2:00 p.m., in the resident's room, revealed CNA #1 provided incontinence care for the resident, after the resident was incontinent of bowel. Continued observation revealed CNA #1 washed the resident's (bowel movement soiled) anal/buttocks area and without washing the hands or changing the gloves adjusted the resident's oxygen mask three times. Interview with CNA #1 on July 13, 2010, at 2:05 p.m., in the resident's room confirmed CNA #1 touched contaminated areas: anal/buttock area; resident's legs and bedding, and touched the resident's oxygen mask with contaminated hands, thus contaminating the oxygen mask.	F 441	4) How will the corrective action be accomplished for those residents found to have been affected by Deficient practice? The Director of Nursing will present The findings of the Hand Hygiene and Glove Use Audit to the Quality Assurance Committee monthly for three consecutive months. The Quality Assurance Committee consisting of The Executive Director, Director of Nursing, Medical Director, Pharmacist, Business Office Manager, Staff Development Coordinator, Director of Medical Records, Director of Environmental Services, Director of Maintenance, Director of Social Services, Director of Admissions, Director of Rehab Services, Director of Activities, Director of Food and Nutrition Services, and Director Of Marketing will review the findings and Make recommendations and develop Plans of action if any areas are noted to Be non-compliant.		7/28/10